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CONFIRMATION NO. 8580

<b>SERIAL NUMBER</b> 10/722,366	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2863	<b>ATTORNEY DOCKET NO.</b> GK-OEH-232/500814.20134
<b>APPLICANTS</b> Peter Zimmermann, Kahla, GERMANY; Torsten Rausch, Jena, GERMANY; Gerd Heibe, Jena, GERMANY; Hartmut Koberich, Kahla, GERMANY; Simon Renard, Jena, GERMANY; Thomas Moore, Drackendorf, GERMANY; Wolfgang Kramer, Jena, GERMANY;				
<b>** CONTINUING DATA *****</b> NONE MW				
<b>** FOREIGN APPLICATIONS *****</b> MW GERMANY DE 102 55 595.8 11/26/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/19/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 026418				
<b>TITLE</b> Apparatus for dispensing liquids				
<b>FILING FEE RECEIVED</b> 580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	